

**Behavioral Health /  
ADHD Workgroup**

***Facilitation materials  
Monday, November 7<sup>th</sup>  
3-5p***

## Arkansas Healthcare Payment Improvement Initiative: A statewide, multi-payor effort

“Our goal is to align payment incentives to eliminate inefficiencies and improve coordination and effectiveness of care delivery.”

– Gov. Mike Beebe

### Episodes have the potential to ...

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Deliver coordinated, **evidence-based** care

Focus on **high-quality** outcomes

Improve **patient focus** and **experience**

Avoid **complications**, reduce **errors** and **redundancy**

Incentivize **cost-efficient** care

## **Role of workgroup: we want real input and collaboration from workgroups**

### **Workgroups: we are looking for...**

- Clinical and patient input on the patient journey and experience
- Clinical and patient input on inefficiencies in the system and improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome

### **Format for today**

- We want your active participation and feedback
- Flow: we will present some materials (for example, a draft “patient journey”) and will then turn to group discussion and comments
- Videoconference participants should feel free to speak up (we will also pause at points to ask for input from other sites)
- Please always speak directly into the microphone so that those at other sites can hear your comments

## **Behavioral Health / ADHD Workgroup Agenda**

**Monday, November 7, 3–5pm**

- **Introductions**
- **Describe role of this workgroup**
- **Provide context and data on Behavioral Health and ADHD**
- **Review ADHD patient journey**
- **Discuss opportunities to ensure effective care, quality, and patient experience for ADHD patients**
- **Next steps**



## We will begin with ADHD for several reasons

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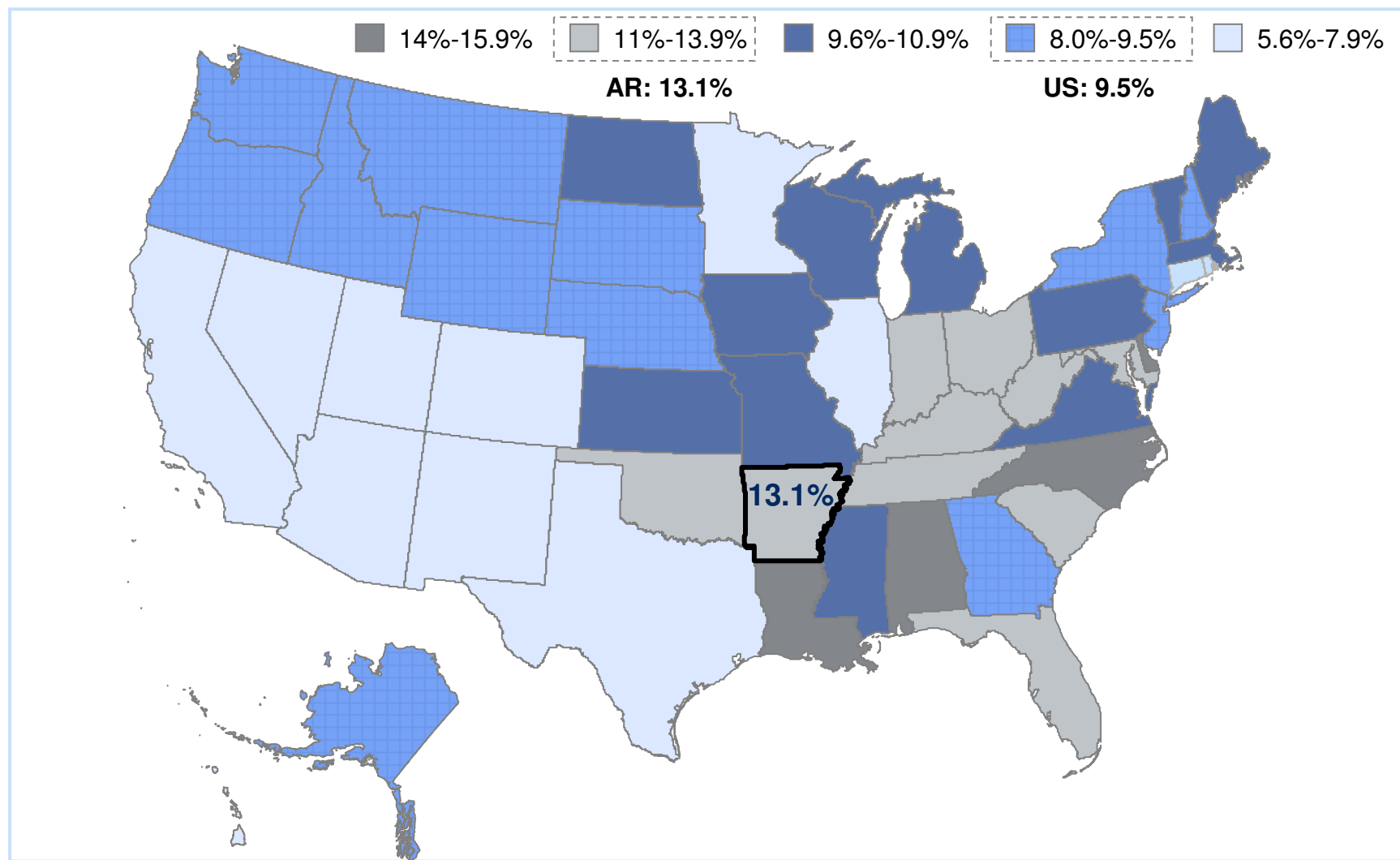
- **Impacts large number of children:** ~13% of 4-17 year olds in Arkansas have been diagnosed with ADHD; about 25,000 Medicaid patients affected<sup>1</sup>
  - **Significant spend:** over \$100M Medicaid dollars spent on ADHD-related primary diagnoses in state fiscal year 2010
  - **Impacts a large number of diverse providers:** over 1,000 providers in Arkansas assess or treat ADHD, including primary care physicians, mental health professionals, hospitals, and Rehabilitative Services for Persons with Mental Illness (RSPMI) providers
  - **Clear guidelines:** there are well-established guidelines for important aspects of ADHD
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**Over time we will examine all areas of behavioral health**

<sup>1</sup> This includes all individuals with at least two Medicaid claims in SFY10 with an ADHD primary diagnosis

## Context: State-based Prevalence Data of ADHD Diagnosis

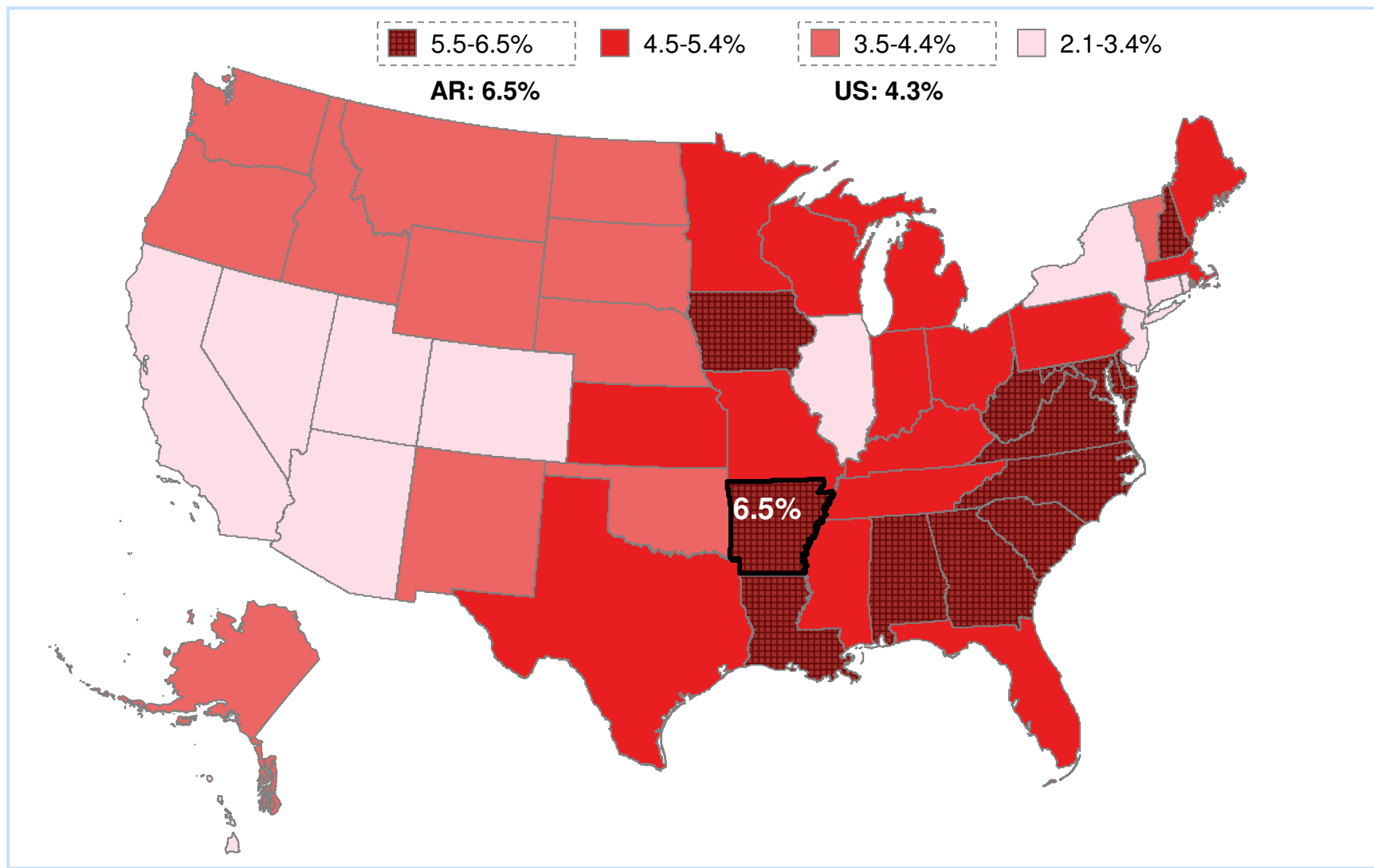
Percent of Youth 4-17 ever diagnosed with Attention-Deficit/Hyperactivity Disorder: National Survey of Children's Health, 2007



SOURCE: Centers for Disease Control and Prevention, 2007

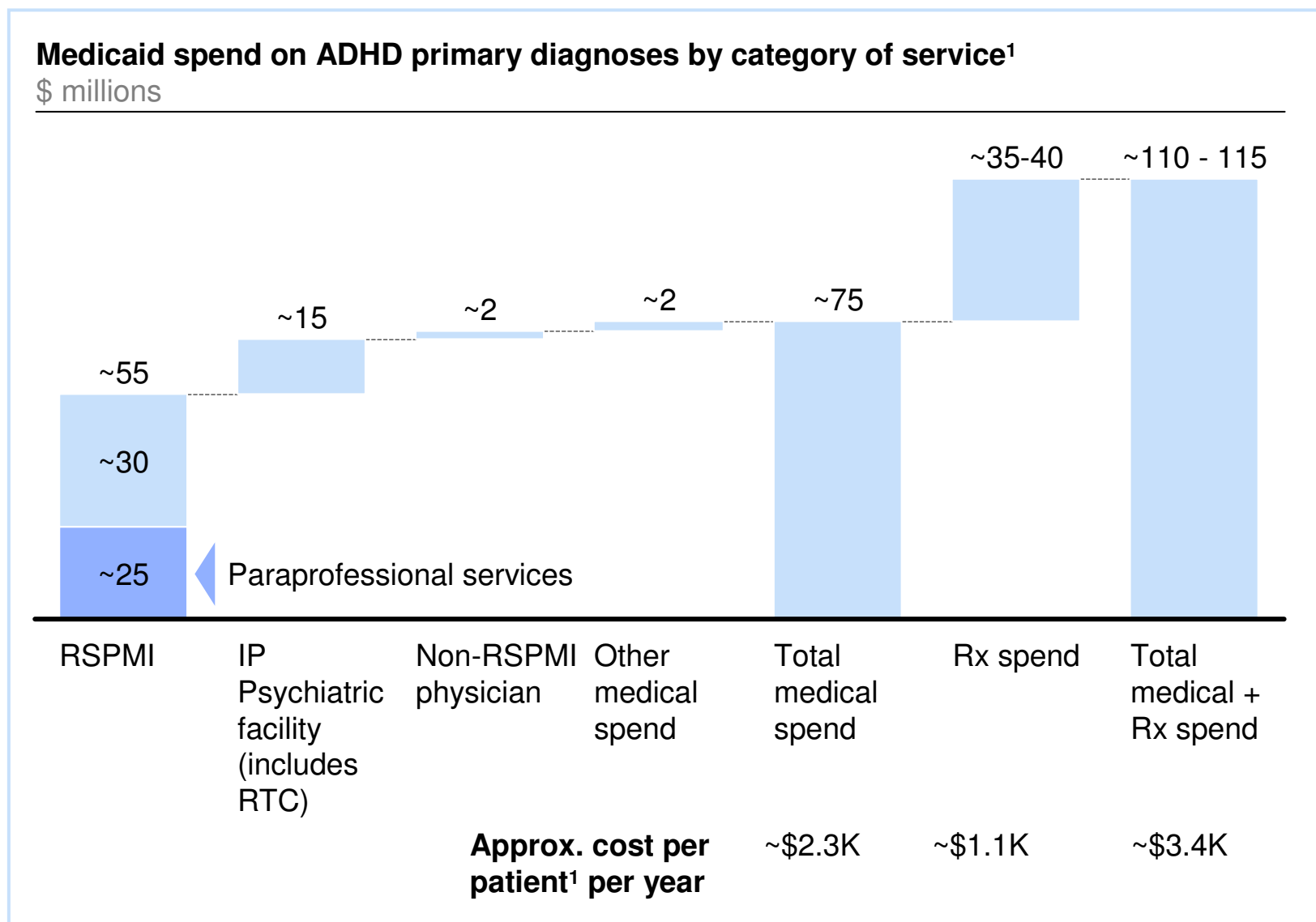
## Context: State-based Prevalence Data of ADHD Medication Treatment

Percent of Youth 4-17 ever having an ADHD diagnosis and receiving medication treatment for ADHD:  
National Survey of Children's Health, 2003



SOURCE: Centers for Disease Control and Prevention, 2003

## Context: ADHD spending by Medicaid category of service

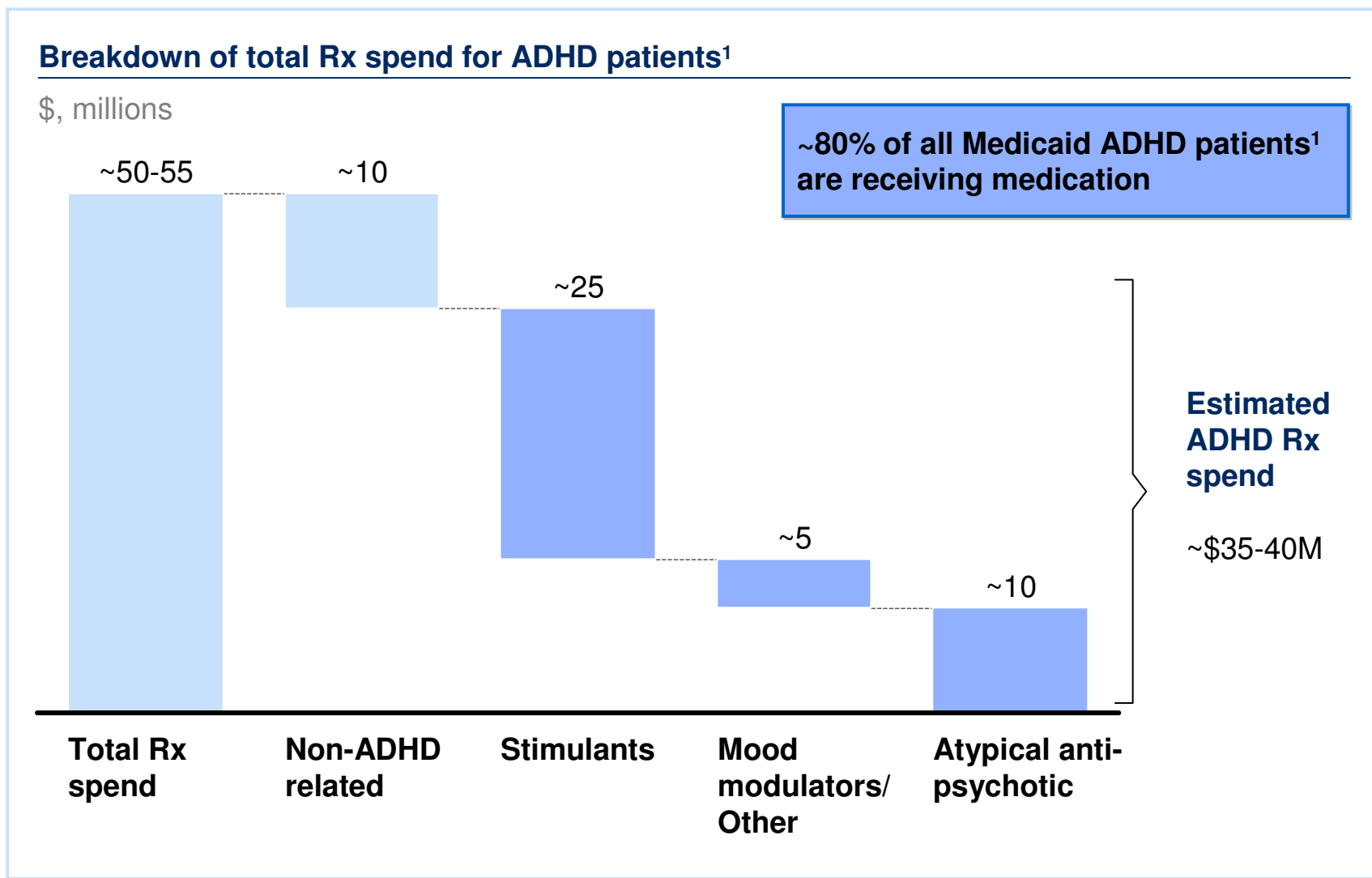


<sup>1</sup> All patients with primary diagnosis code for ADHD

SOURCE: Arkansas Department of Human Services, Division of Medical Services, SFY10



## Context: Prescription spending for Medicaid patients with ADHD PRELIMINARY

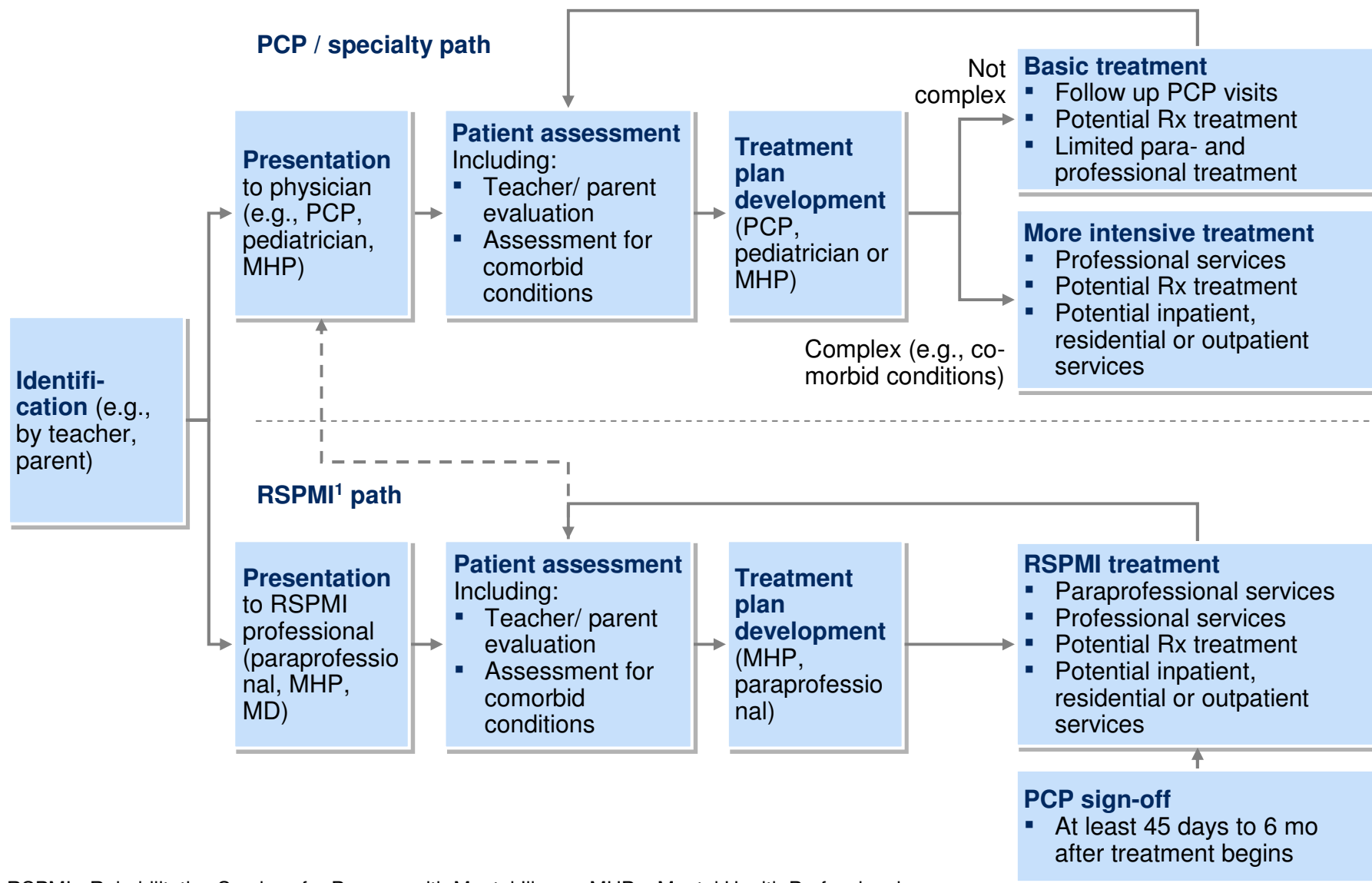


<sup>1</sup> With primary diagnosis code for ADHD

SOURCE: Arkansas Department of Human Services, Division of Medical Services, SFY10

# ADHD patient journey today

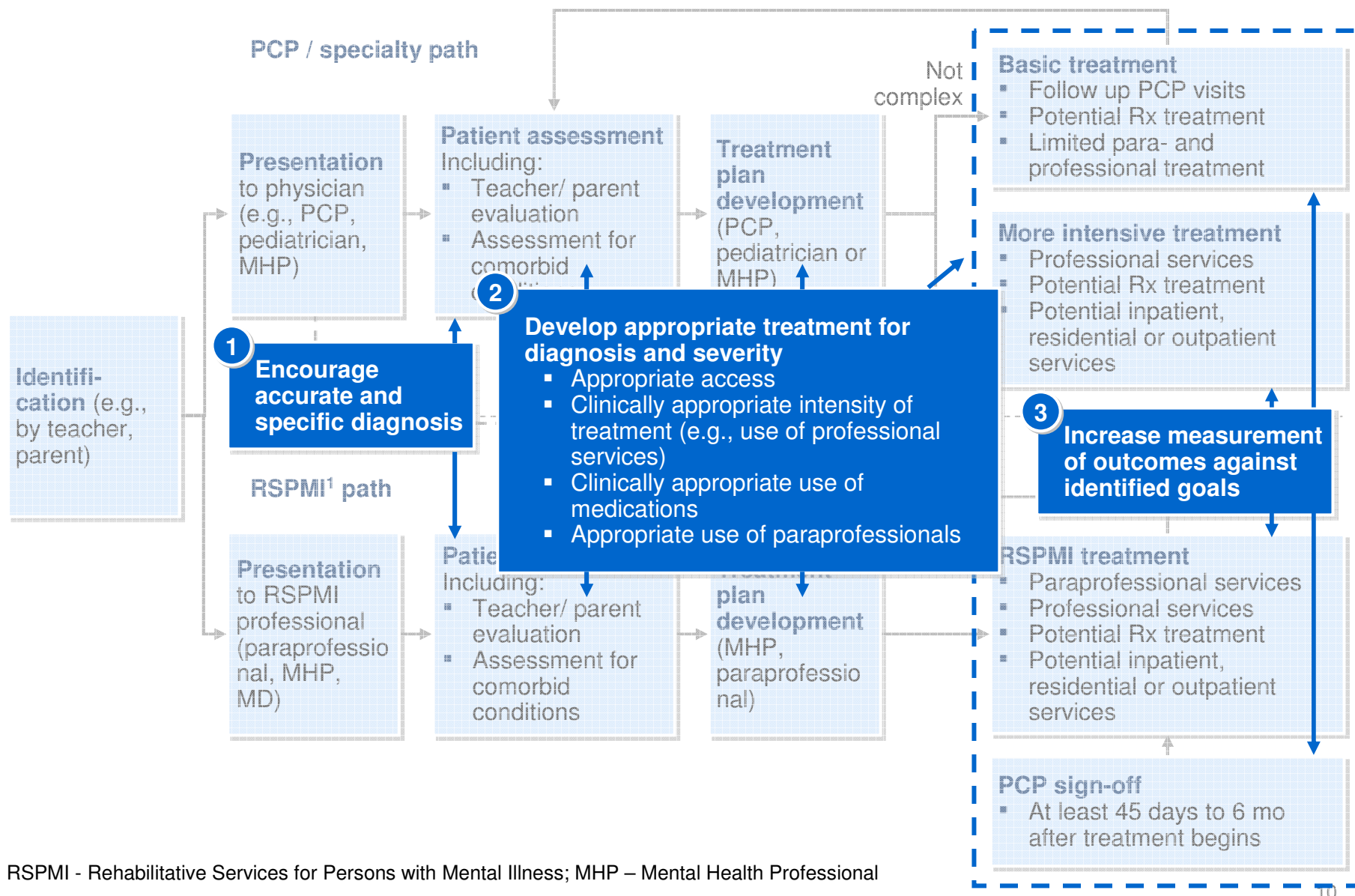
PRELIMINARY



1 RSPMI - Rehabilitative Services for Persons with Mental Illness; MHP – Mental Health Professional

# ADHD: opportunities to improve quality, patient experience, and cost effectiveness

PRELIMINARY



1 RSPMI - Rehabilitative Services for Persons with Mental Illness; MHP – Mental Health Professional

## ***Discussion: opportunities for improvement***

**1 Encourage accurate and specific diagnosis**

## ***Discussion: opportunities for improvement***

### **Develop appropriate treatment for diagnosis and severity**

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- Appropriate access
- Clinically appropriate intensity of treatment (e.g., use of professional services)
- Clinically appropriate use of medications
- Appropriate use of paraprofessionals

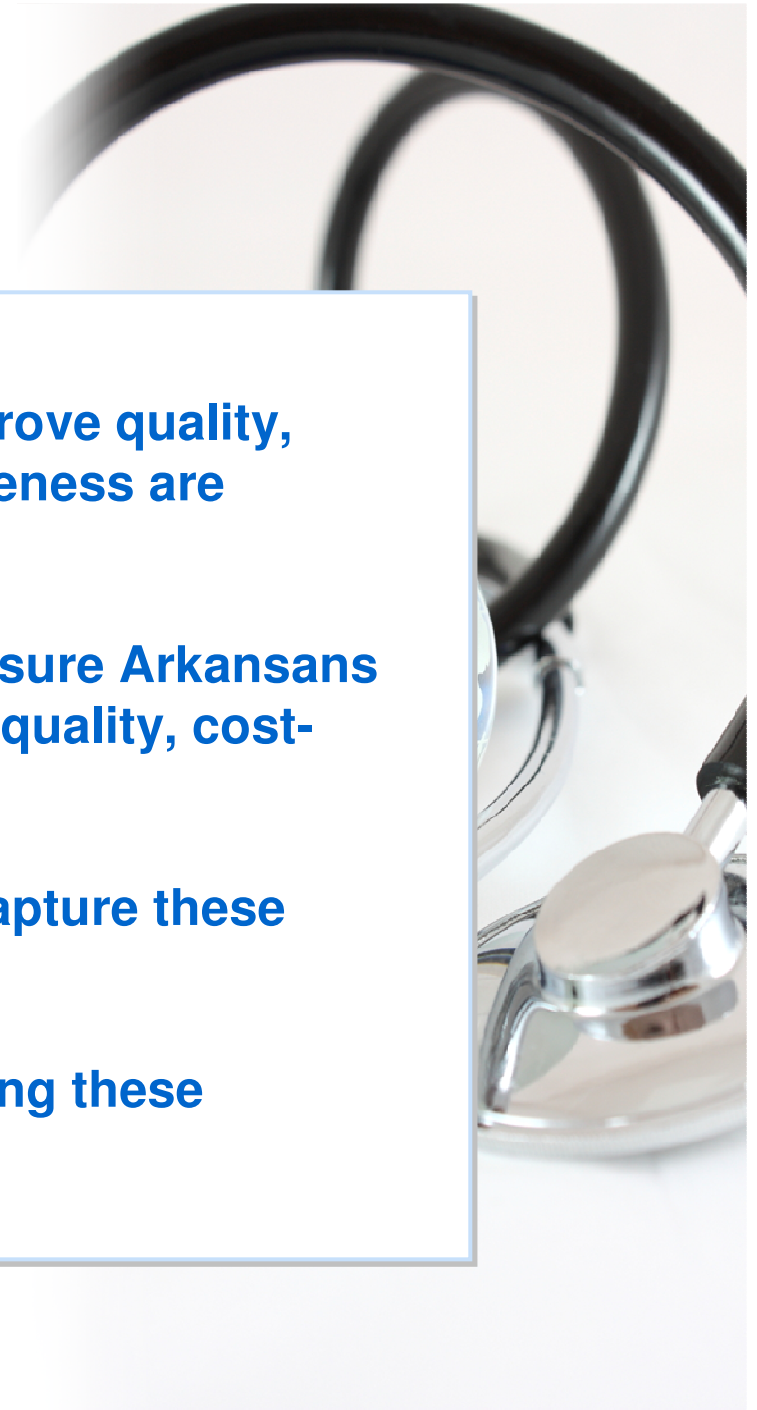
## ***Discussion: opportunities for improvement***

**3 Increase measurement of outcomes against identified goals**

## Questions for discussion

### Areas of opportunity

- Which of these opportunities to improve quality, patient experience and cost effectiveness are greatest potential?
- What other opportunities exist to ensure Arkansans with ADHD receive consistent, high-quality, cost-effective care?
- What has been tried in the past to capture these opportunities? What has worked?
- What are the challenges to addressing these opportunities?



## Next steps

- **Synthesize** and post online the feedback and input from today's discussion
- Circulate **follow up questions**
- Attend our next ADHD workgroup on **Wednesday, December 14**
- **Visit our web site:** <http://paymentinitiative.org>